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MILWAUKEE COUNTY EMS PRACTICAL SKILL ENDOTRACHEAL INTUBATION

Approved by: Ronald	Pirrallo, MD, MHSA
Signature:	
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Purpose:		Indications:	Indications:	
To provide positive control of an airway			Patients in severe respiratory distress	
To facilitate assisted ventilation in				
To prevent aspiration in a patient		Apnea or inadequate resp	<u>*</u>	
Advantages:	Disadvantages:	Complications:	Contraindications:	
Positive control of the airway	Requires special training	Airway trauma	Patient with intact gag	
Prevents aspiration	and equipment	Misplacement	reflex	
Facilitates ventilation	May be difficult to avoid	Esophageal placement causes hypox	da	
Provides route for administration	C-spine movement	Potential for simple or tension		
of selected medications	Does not prevent gastric	pneumothorax		
Facilitates suctioning	regurgitation	Gastric dilatation		
	Assure adequate venti	lation and oxygenation of patient		
		*		
Assemble lar	ngoscope and blade, checking	g the battery and security of the light bu	ılb in the blade	
7.1000.11000.1101	,	±		
Select appropriate size ETT w	ith exterior diameter approxim	ately equal to the diameter of the distal	ioint of the nationt's little find	
Gelect appropriate size L11 w	itii exterior diameter approxim		Joint of the patient's little ling	
	Inflata the auff also	ack for looks, deflets the suff		
	inflate the cull, che	eck for leaks; deflate the cuff		
		▼		
	Lubricate the E	TT with water soluble gel		
		▼		
Slightly ex	tend patient's head, maintainii	ng in-line stabilization for suspected C-	spine injury	
		*		
Holding the larvngoscope	in the left hand, insert the blad	de into the right side of the mouth and s	weep the tongue to the left	
3 1 1 7 3 5 5 6 7		→	1 2 3 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Lift up and anterior with the bla	ade to expose the pharynx and epiglotti	c	
			3	
Vieweline the conselle	sauda and nace that tolks there	the second contil the souff has recent	1 am halaw tha aanda	
visualize the vocal of	cords and pass the tube throug	$_{ m J}$ h the cords until the cuff has passed \sim	rcm below the cords	

Inflate the cuff and connect EtCO2

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Auscultate over the stomach and bilaterally over the axillae to confirm placement

▼

Ventilate with frequent reassessment of breath sounds

Secure the tube with an appropriate device based on the tube size: 4.0 or smaller - sliplock; 4.5 or larger - comfit

NOTES:

- To prevent accidental extubation of a patient who has been intubated, the following steps should be taken when managing a patient with a 2.5 - 5.5 ET tube:
 - o Inflate the cuff with 1 cc air. Avoid overinflating the cuff, as this may cause airway damage. The pilot balloon should remain soft after inflation of the cuff.
 - Verify ETT placement by connecting and documenting the EtCO2 reading.
 - Management of the airway should be maintained by an EMT-Paramedic and not turned over to an EMT-Basic.
 - The head of the intubated patient should be maintained in an in-line stabilized position during transport.
- Most accidental extubations of patients occur during patient movement. The bag-valve assembly should be disconnected from the ETT for no longer than 30 seconds. ETT placement must be verified when reattaching the bag-valve.
- Limit intubation attempts to two attempts per provider with one additional attempt by one additional provider total of three attempts. Assure adequate oxygenation and ventilation between intubation attempts. If unable to intubate ater three attempts, insert non-visualized airway.